

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**97 APR 17 AM 11:26**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M 10043**  
1. Corporation Name

**VENTURE PRODUCTIONS INC.**

Principal Place of Business: **16505 NW 13th AVE. Miami, FL 33169**  
Mailing Address: **16505 NW 13th AVE. Miami, FL 33169**

3. Date Incorporated or Qualified: **01/15/1985**  
3a. Date of Last Report: **01/18/1996**  
4. FEI Number: **59-2485345**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**S.G MIAMI SERVICE CORP.**  
**14th FLOOR**  
**801 BRICKELL AVE.**  
**MIAMI, FL 33131**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE  
TITLE: **DV**  
NAME: **COURTELIS, PAN**  
STREET ADDRESS: **16505 NW 13th AVE.**  
CITY-ST-ZIP: **MIAMI, FL**  
 DELETE  
TITLE: **DP**  
NAME: **DUFFY, JAMES A.**  
STREET ADDRESS: **16505 NW 13th AVE.**  
CITY-ST-ZIP: **MIAMI, FL**  
 DELETE  
TITLE: **DS**  
NAME: **DUFFY, KRISTINA L.**  
STREET ADDRESS: **16505 NW 13th AVE.**  
CITY-ST-ZIP: **MIAMI, FL**

Change  Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**300002150433--4**  
**-04/22/97--01040--017**  
**\*\*\*\*165.00 \*\*\*\*165.00**  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **KRISTINA DUFFY** **4/8/97** **(305) 621-5266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)